Under the Paperwork R	EE DE LEIN	collection of information unles		e: U.S. DEPARTMENT OF CONNINGRACE s it displays a valid OMB control number. Application or Docket Number					
FAILI	Su	bstitute f	or Form PTO-	875			OIT	1 1 4	
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
	T		NUMBER	EXTRA	RATE	FEE		RATE	FEE
FOR BASIC FEE	NUMBER F	ILEO	1 Nomber			s	OR		s
(37 CFR 1.16(a))				V . =		OR	x \$ =	1	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = •			X \$=		1	V 6 =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 = .			× \$=		OR	X \$=		
	+ \$=		OR	+ s=					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(d))					TOTAL		OR	TOTAL	
* If the difference in colu	ımn 1 is less than a	zero, enter	"0" in column 2				_		
, CLA	IMS AS AMEN	NDED -	PART II					OTHER	THAN
	(Column 2) (Column 3)				SMALL ENTITY		OR	SMALL E	
1/2/04	(Column 1)		HIGHEST			ADDI-	7	RATE	ADDI-
	CLAIMS REMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE			TIONAL FEE
Total	AMENDMENT	Minus	20	=	x s = .		OR	x s=	
(37 CFR 1.16(c))		Minus	··· 3	=	Υ (=		OR	x \$=	
Z Independent (37 CFR 1.16(b))	3_1		_ユ_	L	X \$=		_		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5_=		OR	+s=	/
					TOTAL ADD'L FEE		OR	ADD'L FEE	<u> </u>
				(C-turns 3)					
9/29/09	(Column 1)		(Column 2) HIGHEST	(Column 3)		4001	7	RATE	ADDI-
Ø	CLAIMS REMAINING]	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		1,0,1,0	TIONAL FEE
닐	AFTER AMENDMENT		PAID FOR			FEE_			1
Total (37 CFR 1.16(c))	. 11	Minus	" 20	=	x s=		OR	X \$=	 /-
Independent	. 3	Minus	" 3	=	x \$=		OR	x s=	
(37 CFR 1.16(b))	·		3.5. CLAIM (37. C	ER 1 16(d))	+s =		OR	+ \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL		OR	TOTAL ADD'L FEE	1/
					ADD'L FEE	L		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/
7.5	(Column 1)		(Column 2)	(Column 3)			 1		Т
	CLAIMS		HIGHEST NUMBER	PRESENT	RATE	ADD1-	1	RATE	ADDI- TIONAL
	REMAINING AFTER		PREVIOUSLY	EXTRA		TIONAL			FEE
Z	AMENDMENT	Minus	PAID FOR	=	X 3 =		OR	x s=	
Total Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))		Minus		=	1			x \$=	
Independent (37 CFR 1.16(b))	<u> </u>	IAILIAGO			X \$=	•	OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					<u> </u>		OR	TOTAL	
					TOTAL ADO'L FEE	:	OR		
A Material Control in	column 1 is less th	an the ent	ry in column 2, w	vrite "0" in colum	ın 3.				
" If the "Highest	column 1 is less th Number Previous Number Previousl	ly Paid For	r' IN THIS SPAC " IN THIS SPAC	比 is less than 2 E is less than 3,	o, enter 20 . , enter "3".	d in the 2000	oriale boy i	n column 1.	

If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.